



**New Horizon Living Centers**

501 (c) (3) Non-Profit Organization

43 Prospect St. Bristol CT 06010

Ph: (860) 584-2105 Fax: (860) 582-8609

[www.newhorizonlivingcenters.org](http://www.newhorizonlivingcenters.org)

**Referral Form**

**Please Email Form, BioPsychosocial and Medication List To**

**[info@newhorizonlivingcenters.org](mailto:info@newhorizonlivingcenters.org)**

Date: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Client Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB/Age \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Requested Services: Please Circle**

Outpt Counseling      Sober House Recovery Program      Organized & Clean Living

Insurance Name/Number: \_\_\_\_\_

Mental Health History:  
\_\_\_\_\_

Substance Use History:  
\_\_\_\_\_

Drug of choice: \_\_\_\_\_ Last use: \_\_\_\_\_

Additional Pertinent Details: